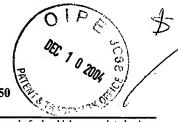
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	APPLICATION NO.		FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION N			CONFIRMATION NO.		
	APPLICATION NO. FILING DATE 10/643,430 08/18/2003		Paul C. Wacker		H0005400US	4533		
	TITLE OF INVENTION: P	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
		SMALL ENTITY		7/07	0.00 \$300	\$1630	12/07/2004	
	nonprovisional NO EXAMINER		\$1330 1400 ART UNIT		CLASS-SUBCLASS	31030	12/0//2004	
	NORMAN, MARC E		3744		236-051000			
	 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
	3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Honeywell International Inc. Morristown, New Jersey							
	Please check the appropriate	ck the appropriate assignee category or categories (will not be printed on the patent): 🗖 Individual 🖾 Corporation or other private group entity 🗖 Government						
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): □ A check in the amount of the fee(s) is enclosed. □ Publication Fee (No small entity discount permitted) □ Payment by credit card. Form PTO-2038 is attached.								
					The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number $0.1-1.12.5$ (enclose an extra copy of this form).			
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status.							CFR 1.27(g)(2).	
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	Typed or printed name _	Gregory M. A	nsems		Registra	tion No. 42,264	:	
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